FORM D

UNITED STATES

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEG Mail Processing Section

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2008
Estimated average burden
hours per response......................... 16.00

JUL 112008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
1	L					
DATE REC	EIVED					
1	1					

Washington, DC 101

state requires the payment of a fee as a pre appropriate states in accordance with state	law. The Appendix to			•	
Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate relian have adopted this form. Issuers relying on	ULOE must file a sep econdition to the claim	arate notice with the for the exemption, a	Securities Adminis fee in the proper a	trator in each state where s mount shall accompany this	ales are to be, or have been made. If a
Information Required: A new filing must information requested in Part C, and any r SEC.					
Copies Required: Five (5) copies of this n of the manually signed copy or bear typed		th the SEC, one of wh	nich must be manua	ally signed. Any copies not	t manually signed must be photocopies
Where To File: U.S. Securities and Exchar	nge Commission, 450 l	Fifth Street, N.W., W	ashington, D.C. 20	549.	
When To File: A notice must be filed no be Commission (SEC) on the earlier of the dait was mailed by United States registered of	ate it is received by the or certified mail to that	SEC at the address g address.	given below or, if re	eceived at that address after	
Federal: Who Must File: All issuers making an offe	ering of securities in re	liance on an exempti	on under Regulatio	n D or Section 4(6), 17 CFF	R 230.501 et seq. or 15 U.S.C. 77d(6).
GENERAL INSTRUCTIONS					
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization	ion: (Enter	Month 0 2 r two-letter U.S. Post or Canada; FN for oth	al Service abbrevia		08055035
■ business trust	☐ limited partnersh	• '		(premot operaty).	0.00550
Type of Business Organization corporation	☐ limited partnersh	hip, already formed		other (please specify):	
Private Investment Trust					I (Spine)
(if different from Executive Offices) Brief Description of Business:					
Address of Principal Business Operations	(Number	r and Street, City, Sta	ite, Zip Code)	Telephone Number	er (Including Area Code)
20 Bay Street, Suite 1905, T	oronto Ontario C	Canada M5J 2N	8	(416) 364-2	2299
Gryphon International EAI Address of Executive Offices		p Fund, a Series r and Street, City, Sta			Frust er (Including Area Code)
Name of Issuer (check if this is	an amendment and nan	• •	~ /		THOMSON REUTE
Enter the information requested about		A. BASIC IDENTI	FICATION DATA	<u> </u>	
Type of Timing.	Amendment			`	JUL 1 8 2008
Type of Filing: New Filing		Rule 505	□ Rule 506	Section 4(6)	
Gryphon International EAI Filing Under (Check box(es) that apply): Type of Filing: M New Filing	FE Growth Group Rule 504		of Gryphon I	nternational Group T	Trust PROCESSED

		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information reque	sted for the fol				
Each promoter of the is	suer, if the iss	uer has been organized v	vithin the past five years	;	
 Each beneficial owner securities of the issuer; 		ver to vote or dispose, or	direct the vote or dispo	sition of, 10% o	or more of a class of equity
Each executive officer and	and director of	f corporate issuers and of	f corporate general and r	nanaging partn	ers of partnership issuers;
Each general and mana	ging partner o	f partnership issuers.			
] Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				<u></u>
Gryphon International In		poration			
Business or Residence Address 20 Bay Street, Suite 1905,	(Number and	Street, City, State, Zip C			
Check Box(es) that Apply:		☑ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in McManus, Lawrence V.					
Business or Residence Address	-				
20 Bay Street, Suite 1905,					
] Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Becks, Alexander H.M.	<u> </u>	0. 0. 0. 7. 0			
Business or Residence Address	•		-		
20 Bay Street, Suite 1905,				□ Director	☐ General and/or
] Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if in	idividual)				
AMD Capital, LLC Business or Residence Address	(Number and	Street City State 7in C	'oda)		
100 Tri-State Internationa			oue)		
	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in					
New York State Teachers					
Business or Residence Address	•		ode)		
10 Corporate Woods Driv					5 6 1 11
] Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in					
Gryphon Investment Counse Business or Residence Address		Street City State 7in C	odo)		,
20 Bay Street, Suite 1905,					
••] Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		

				B. I	NFORMA	TION AB	OUT OFF	ERING				
						17.	. • • .		re : o		Yes	No
1. Has	the issuer s	old, or do	es the issu	er intend to	o sell, to n	on-accredit	led investor	rs in this of	tering?	***************************************	🛮	\boxtimes
	wer also in						J:: J 10				£3 00	n nnn*
2. Wha	t is the mur	umum inv	estment th	at will be	accepted n	rom any in	aividuai?					0,000* be waived.
											Yes	No
3. Does	the offering	g permit joir	ıt ownershi	p of a single	e unit?						🛛	
comr perso list th or de	nission or si on to be liste ne name of aler, you ma	milar remu d is an asso the broker by set forth	neration for ciated person or dealer. the informa	r solicitation on or agent If more that	n of purcha of a broker in five (5)	sers in conn or dealer re persons to l	ection with gistered with	sales of sec the SEC a	urities in th nd/or with a	ndirectly, any e offering. If a state or states, such a broker		
Full Name	(Last name	first, if ind	ividual)		•							
	- Self Issue											
Business of	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated E	Broker or Do	ealer	 -								
<u>C4. 4 1.</u>	Which Per	T:	II C-1:-	land on Toa	1- 4- 0-	Linia Dougha						
											□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[GN] [MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]
Full Name	e (Last name	first, if ind	lividual)									
Rusiness	or Residence	Address (1	Number and	Street Cit	v State Zir	Code)						
				- Jucci, Oil	<i>J</i> , blute, 21 ₁							
Name of A	Associated B	stoker or De	ealer									
	Which Perso										All S	tatee
-												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[WI]	[WY]	[PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[** 1]	[**1]	
I'uli Ivalik	C (Last Harrie	inst, ii iit	iividuaiy									
Business	or Residence	Address (1	Number and	l Street, Cit	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	ealer				•					
	Which Perso										Ail S	totas
`				,							_	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[Ñ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[AA 1]	μĸj

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount alrea			
	"zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns	below the amounts o	t the sec	urities offered
	for exchange and already exchanged. Type of Security A	aggregate offering	Δn	nount Already
	Type of Security	Price	7411	Sold
	Debt\$		\$	0
	Equity		_	
	Common Preferred \$	0	\$	0
			\$ -	0
			• _	
	Partnership Interests\$	0	\$	0
	Other (Specify group trust units)\$	2,000,000,000	\$	337,215,150
	Total\$	2,000,000,000	s	337,215,150
	Answer also in Appendix, Column 3, if filing under ULOE.			<u></u>
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Manuface I	A	ggregate Dollar Amount of Purchases
	Accredited Investors	Number Investors 13	\$	337,215,150
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	1771	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	N/A	_ \$	N/A
	Regulation A	N/A	_ \$	N/A
	Rule 504	N/A	_ \$	N/A
	Total	N/A	_ \$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	<u></u>] \$	0
	Printing and Engraving Costs	,] \$	0
	Legal Fees		S	0
	Accounting Fees	×	S	10,000
	Engineering Fees			0
	Sales Commissions (specify finders' fees separately)			0
	Other Expenses (identify)		l s	0
		L		
	Total	×	j 5	10,000

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES	AND	USE	Jr rku	LEE	טט	
	b. Enter the difference between the aggre Question I and total expenses furnished in re the "adjusted gross proceeds to the issuer."	gate offering price given in response to Part C sponse to Part C - Question 4.a. This difference	- is				\$_	1,999,990,000
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to amount for any purpose is not known, furnis estimate. The total of the payments listed must export in response to Part C - Question 4.b above.	h an					
	the adjusted gross proceeds to the issuer set i	orth in response to rait C - Question 4.0 above.		Payn	ents to			
					icers,			_
					ctors &		Pa	ayments To Others
	Salaries and fees				iliates	0	□ \$	
	• •		_	_		0	□ \$	
		llation of machinery and equipment				0	□ \$	
	_	dings and facilities		_		<u> </u>	□ \$	
		cluding the value of securities involved in		* –		-	_ v	
		exchange for the assets or securities of						
	another issuer pursuant to a merger)			\$		0	□ \$	0
	Repayment of indebtedness			\$		0	□ \$	0
	Working capital			\$ _		0	□ \$	0
	Other (specify): Investment in Por	tfolio Securities		\$		0	⊠ \$	1,999,990,000
				\$ _		0	⊠ \$	1,999,990,000
	Total Payments Listed (column tota	ls added)	\boxtimes	\$ -		1,9	99,990	,000
_		D. FEDERAL SIGNATURE						
th w	e following signature constitutes an unde	signed by the undersigned duly authorized rtaking by the issuer to furnish to the U.S. urnished by the issuer to any non-accredited	Secu	rities	and Exch	ange	e Com	mission, upon
	suer (Print or Type) Gryphon	Signature			Date			
F	ternational EAFE Growth Group und, a Series of Gryphon aternational Group Trust	Watman	9		Ju	ly a	8, 20	008
	me of Signer (Print or Type)	Title of Signer (Print or Type)			_			
L	awrence V. McManus	President, Gryphon International Inv						

ATTENTION

International Group Trust

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

